STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

1.	FOR - STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	REG. N	0.	4 0	5 0
	CEASED NAME	FIRST		MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
(,,,,	L ORPRINT)	Edward	d I	Lee	BOWM	AN	Feb. 4.	1982		11-AN
3 SE	X	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	Male		White	9	Feb.		77	YRS.	NTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR I	FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
	laryland		US	A	WIDOWE		Howar	d C.,		MD
	Airv	ATH 11	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF FARMER		126. KIND C INDUSTRY	OF BUSINESS OR
USU 13a	AL RESIDENCE (IF NURS STATE	Howa	THER INSTITUTION.		ADMISSION)	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS	Mic	hael '	s Rd
-	ATHER'S NAME	nowa.	Lu	MC. ALI	- У	15. MOTHER'S MAIDEN NA		111.0	II.QC.L	D atta
	Augustu	s L.	DOLE	Bowman		Bessie	WIDDLE		llis	
	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARME		166. SOCIAL SECU		17 INFORMANT	ADDRE		Woodl	
	No			218-05-	- 733.	Edward Le	e Bowman,	Jr.,		Land MATE INTERVAL ONSET AND DEATH
	Conditions, if any, gave rise to imccause (a), static underlying cause	nediate ng the last.	DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQUE	NCE OF C	INE HEHRTI LHROME OBS LMONARY	PRUCTIVE			
Z	PART 2. OTHER SIGN	NIFICANT CO	NDITIONS <u>CC</u>	DNTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1	D'
CERTIFICATION	190. DATE OF OPERA	TION	196 COND	ITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	NG CAUSES	NGS USED OF DEATH?	
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MED)	CAUSE OF DEATH	216. TIME O HOUR A	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR		RY IN ITEM 18, PART	1 OR PART 2)	
EDI				OF INITIDY		2ff. LOCATION				
\$	2fd INJURY OCCURI	RK		PEET, FACTORY, OFFICE, FA		STREET	CITY OR TO		COUNTY	STATE
W	WHILE NOT WE AT WO 220 I certify that (I) sow the decease above, (I) (we) (c	(this hospital	(AT HOME STA	e deceased fram	10-		L, to PKG	SENT 19		that (I) (we) last
W	WHILE NOT WHAT WOORK AT WO 220 I certify that (I) sow the decease	(this hospital ed alive an_did) (did not) v	(AT HOME STR	e deceased fram	10 - F2 . a	street , 19 and that in (my) (aur) apinion DEGREE	deoth occurred an the di	ate and haur o	nd fram the	that (I) (we) lost couses stated
W	WHILE NOT WE AT WO 220 I certify that (I) sow the decease above, (I) (we) (c	(this hospital	(AT HOME STR	e deceased fram	10 - F2 . a	street , 19 and that in (my) (aur) apinion DEGREE	L, to PKG	ate and haur o	nd fram the	that (I) (we) last
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marked or Item 18 sh

MPORTANT; If Hem 21 is

DHMH-16 30M 2/80 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial 2/6/82

Poplar Springs

23d LOCATION
CITYORTOWN
Poplar

Olin L. Molesworth, P.A., Damascus, Md.

MARKET SEL ···· T olened to severe the severe THE PARTY OF THE P KISKINGERY PARTIES BONGESTON HE WITH PROPERTY AND ESUVERNATION SULPRO - LIV EDECTIVE TEN - 1 - YE TO AND THE RESERVE OF THE PERSON Line Molecular, P.A. C. Action of the Continue of the Continue

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1630 Edmondson Avenue, Catonsville, Md. 21228

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YEAR

82

IF UNDER I YEAR

INDUSTRY

COUNTY

22c DATE SIGNED

STATE

2b. HOUR

12h KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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		FOR STATE REGISTRAR		STATE OF MARYI MENT OF HEALTH AND CERTIFICATE OF	MENTAL HYG	IENE B 2	0	40	5
		CEASED NAME FIRST	MIDDLE	C S		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	-	Emil	4	FILES.			1	1 82	9:
	3. SE	x Female	4 RACWhite	July 20,	1.898	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	MOURS :
75	70 B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvani	The CITIZEN OF WHAT COUNTRY?	MARRIED LI NEVER	MARRIED -	9 BALTIMORE CITY O		OF DEATH	
81		olumbia	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET HOWARD COUNTY	G HOME OR OTHER IN	STITUTION	120 USUAL OCCUPAT (TYRE OF WORK FOR A OF CO NOUSEWIF		17h KIND O	
35	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b, COULD HOW A			CITY LIMITS?	13. STREET ADDRESS 9461. Gui	lford	Road	
30	14. F	ATHER'S NAME FIRST Edwin	MIDDLE F. Ward	15 MOTHER Emil	Y RST	AE MIDDLE	Mil	ler (AS	1
medicol	(VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN] (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 577 1.0			s same as a			
or other troumotic event, th		Conditions, if ony, which gove rise to immediate couse to, stoting the underlying couse lost	DUE TO, OR AS A CONSEQUE (b) AS A CONSEQUE (c) (c)	ENCE OF	show, A			Juoc 1wE	EK.
Yuniui ninini.	CERTIFICATION	C. O. P. O 190. DATE OF OPERATION 1-14-82	196. CONDITION FOR WHICH COLOSTOMY RE	OPERATION WAS PERFO	ORMED	20e AUTOPSY?	20h. IF YES	S, WERE FINDING CAUSES	NGS USER
or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DA	AY YEAR	NJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)	
rked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC) 21f. LOCAT STREE	ION ET	CITY OR TO	WN	COUNTY	51
9		sow the deceased alive on	ital) attended the deceased from	DEC 22 82, and that in (my	, 19	eoth occurred on the de	ote and hou		
IMPORTANT: If hem 21 is n		obove (I) (we) (did) (did) no 77h SIGNATURE 77d PHYSICIAN'S NAME (1776)	lumi 00	22e ADDRE	55	MEDICAL STAF	4	271. DATE 2-1	-

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	1			STATE OF MARYLAND	3 2 3	2034
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	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. D	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
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9	3. S	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS
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E 5	70.1	BIRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	7 - 22 28	YRS.	FDFATU
I WAY	7	COUNTRY)	TO CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FUEATH
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5 3 in V	10 0	OWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESSI	12a USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
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should should should seemas	5	MAN H	DILAND BY BOX TON	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	1- n.
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E 0 / 2	160	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECT	DRITY NO. 17 INFORMANT	ADDRESS-1	Vay lod
Poges medico		(YES, NO OF UNKNOWN) (IF YES, GI	VE WAR OR DATES)	1 day 1 11	reported 35 LAK	IKW GANDENS
S.P.		YES WIN	12 086.30.	4380 NOSETHWE BRISS	WATILK	MASS 01760
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phy		PART I. DEATH WAS CAUSI	TE CAUSE (o)	ute Muncardial	In Darction	how
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5 X	CERTIFICATION	Luoue	as Mann	12 Las 29 1	1223	
9 0	1 2	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, V IN CERTIFYII	VERE FINDINGS USED NG CAUSES OF DEATH?
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T &		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	1216. TIME OF INJURY HOUR A.M. MONTH D.	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
en of	1 E	(IF EITHER NOTIFY MEDICAL EXAMINE	AIR	19		
A P	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		COUNTY
ked	₹ .	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
olth			ital) attended the deceased from_	11 6 10 68	9 - 9 10	82 that (I) (we) last
E. E		sow the deceased alive or		and that in (my) (and appaign	death occurred on the date and hour a	, mor (ii (we) losi
÷ E		obove, (I) (and oldy) did no	view the body after death.		seom occurred on the date and hour o	
Dep F Ite		226. SIGNATURE	0147	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
- 61		SAUGO	ove -	M- () ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	02-10-82
the St		220 PHYSICIAN'S NAME, (TYPE	OR PRINT)	22e ADDRESS		111
with the State		FH IIIe	155	606 Hay	umords Low	- 41225
should with the	230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c 1	NAME OF CEMETERY OR CREMATORY	123d LOCATION	
		EREMOTE		ESTUIEW MEM		OUNTY STATE
	24 5	UNERAL DIRECTOR	1011 02 14		EREC'D. BY REGISTRAR 256 REGISTRA	110, Md.
OM 1/81 5, 4)	-	I NAME 4 .	1 ADDRESS		1 1000	Signature
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rs atter d	3 SE	X Male	4 RACE White		March 28, 1500	6. AGE (IN YEARS LAST BIRTHDAY) 81 YRS.	IF UNDER LYEAR IF UNDER 24 HRS
of once.	70. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) New York	76 CITIZEN OF WHAT		MARRIED NEVER MARRIED VIDOWED X DIVORCED	RAITIMORE CITY OF COUNT	
notified o		licott City	(IF NOT IN SECH FACIL	ITAL NURSING	HOME OR OTHER INSTITUTION	12d USUAL OCCUPATION (Type of work for most of working a Retired Insura)	126. KIND OF BUSINESS O
Sust be	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 1966. COU	NTY 136. C	ESIDENCE BEFORE AD		3118 Old FEnce	Road 21043
3C	14. F	late Meades	MIDDLE Hulse	LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
medicol		WAS DECEASED EVER IN U.S. A		SOCIAL SECURIT	1.1.0	ADDRESS	
a He			0	56 01 5	440 Mrs Robert	Rampolla 3118 01	d Fence Rd APPROXIMATE INTERVAL BELIWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A		TE OF	na heft lung	VEN IN PART 1(a)
shaws ony injury,	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION	FOR WHICH OF	PERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\cap \)
Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	URY MONTH DAY	YEAR	JRRED (ENTER NATURE OF INJURY IN TIEM 18.	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN		211. LOCATION	CITY OR TOWN 2 - 2 - 3 -	COUNTY STATE
21 is mark		22a I certify that (I) (this hasp saw the deceased alive a obove, (I) (wa) (did) (did n	8-31	19 61	7-13 , 19 81, and that in (my) (***) opinio	, to, to	19, that (1) (we) la ur and from the causes stated
IT: If Item		226. SIGNATURE	miller	MO	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED 2-25-82
IMPORTANT		JOSEPH H	ORPRINT) MILLER, N	10	900 S. C.	aton are And	Amire Med 2122
. N	230	BURIAL, CREMATION, REMOVA Entombment			ME OF CEMETERY OR CREMATORY	Baltimore, Ma	COUNTY STATE
0	24 F	uneral director arry H Witzke 4	112 Columb	ia RD E	Llicott City F	EB 26 1982	TRAP'S SIGNATURE THE

STATE OF MARYLAND

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Jeanle Jeanle	Late	thing	La se Messico
		SPC VO AM	Zaradama Zara

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in should be detached for use as the buriol-transit permit. Then please remove carbompapers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene priar to buriol, cremation, ar removal.

director, page 3 aurs ofter death

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	1.	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 Z) 4 0	<i>3</i> 8
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	(ITP)	Norman	Carroll	Is	aacs	Feb. 5, 82		Territoria.
	3. SE		4 RACE	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		male	white	white May		75 y	RS DAYS	HOURS MIN
6-7		IRTHPLACE I STATE OF FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8		9. BALTIMORE CITY OR COL		
00 × /		COUNTRY) Marvland	U.S.A.	WIDOWE	DEVER MARRIED DIVORCED DI	Howard Coun	tor	440
pe ied		ITY OF TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b KIND C	F BUSINESS OR
\$ C		Ellicott City	3172 N. St.		ne	forklift oper		mill
P P P	USU	AL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)			paper	All Audio adio adio
E C		130 C		ott City	134. INSIDE CITY LIMITS?	3172 N. St.	Johns Tan	0
iner		ATHER'S NAME			15. MOTHER'S MAIDEN NAM	ME	COINIO LON	
/5 - S7		William		ast	Bessie	WIDDLE	Reinhart	ST.
loo		WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIA	AL SECURITY NO.	17. INFORMANT	3172 NASSESSJO		
med	(YES, NO OR UNKNOWN) (IF YES	5, GIVE WAR OR DATES]	8 1855	Sarah Isaacs	Ellicott Cit		4 210/3
‡			er only one couse per line for (a),		Daran Isaacs	ETTTCOOL OTO	APPROX	IMATE INTERVAL ONSET AND DEATH
injury, or other troumatic ev	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	NSEQUENCE OF	NOT RELATED TO THE TERM	inal disease or condition	I GIVEN IN PART 110	51
duo smou	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		F YES, WERE FINDIN ERTIFYING CAUSES YES []	
is marked or Item 18 shows		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONT	TH DAY YEAR	21c HOW INJURY OCCURR	CED (ENTER NATURE OF INJURY IN ITEA	M 18, PART T OR PART 2]	
rkedor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY.	OFFICE, FARM, ETC 1	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Item 21 is ma		saw the deceased alive	ospital) attended the deceased on dinatiview the body after death	19 <u>82-,</u> or	, 19 opinion o	death occurred on the date and		
ANT.		22d PHYSICIAN'S NAME (IV	4 Celle	ι,	ATTENDING PHYSICIAN 1	MEDICAL STAFF DIRECTOR PHYSICIAN	2	6-81
IMPORTANT: If Item 21		BARBO	L CHLI	10	3459 57	John Le	ne t	(.
		BURIAL, CREMATION, REMOV			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	SIATE
	24.5	burial	2/8/82	Good Sh	epherd Cem.	Ellicott Cit	y Woward.	Maryland
/81		UNERAL DIRECTOR ACK Funeral Ho	ome, Ellicott Ci	ty, Maryl	part part page	9 1982	GISTPAR'S SIGNA	URE

DHMH - 16 50M 1/81 (VRA 15, 4)

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	an New Control of		3181 11	4.5		
	TOTAL PROPERTY.					

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTI	RAR			CERTIF	ICATE OF DEATH	REG. N	0.		
DECEASED N		hn T. Lash	uk		AST	FEb 19, 1		DAY YEAR	26 HOUR 10:15A
3 SEX Male		4. RACE White		S. DATE O	th 9, DAY 1894 EAR	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
Russ Ta"	(STATE OR FOREIG	76 CITIZEN OF	MHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DED NORCED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	MD
Elli	wn of DEATH	ty 312	Old FEn	ce Ro	or other institution	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O REtired (F WORKING	IFE) INDUSTRY	OF BUSINESS OR
Maryl	and 13h	OME OR OTHER INSTITUTION COUNTY HOward	13c. CITY OR TOWN	N	13d INSIDE CITY LIMITS? YES NO X	3125 CIGREFIE			1043
	Unknow		LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE UNK NOWN		LAS	ST
NO WAS DECE	ASED EVER IN U	S. ARMED FORCES? YES, GIVE WAR OR DATES)	107 03		Mr. Jerry La	ashuk3125 01		e Road	21043
gove r couse underlyi	ng couse lo	ch (b) DUE TO, Of (c)	R AS A CONSEQUE	NCE OF	metasteres				
NO LA 190 DATE	OF OPERATION	teer, ot	troskulto	lone	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS USED
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(IF EITHER	IBUTING CAUSE R HOTIFY MEDICAL EX RY OCCURRED NOT WHILE AT WORK	AMINER) P./		19	211 LOCATION	CITY OR TO		COUNTY	STATE
22a.1 cert	tify that (1) (this the deceased oli e, (1) (we) (1)	hospital) attended the	tees an	up t		death accurred on the do	ite and ho		that (1) (we) last causes stated
27b. SIGN	11	1 HAM	m		4 + 4	MEDICAL STAF	F IAN 🔲	27c. DAVE	SIGNED
72d. PHYS	III III	Min	M	IM	PACO ANT 9	05/BAU1	VAT	1116 E	Dugo

236 NAME OF CEMETERY OR CREMATORY

Westview Memorial

DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT: If them 21 is marked ar them 18 shows ony

230. BURIAL, CREMATION, REMOVAL

ь 20, 1982 HArry H Witzke 4112 Columbia Toad EllicottCity

23b. DATE

73d LOCATION
CITY OR TOWN
Catonsville Balbo 250 DATE REC'D

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		March 9, 1804	libit on	e.LaX
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3	1	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 3 2.	0.	0
		OR PRINT) JOHA	mand	Mandich	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR 35
5	3 SE	× m	4 RACE	S. DATE OF BIRTH	& AGE (IN YEARS LAST BIRT	HDAY] IF UNDER I YEAR MONTHS DAYS	
9	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED (WIDOWED DIVORCED [9. BALTIMORE CITY O	R COUNTY OF DEATH	
Southled 8	10 €	Olymbia	11. NAME OF HOSPITAL, NURSING	SHOME OR OTHER INSTITUTION DORESS COLUMN CONTROL CONTR	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O		OF BUSINE Y
d must be	13a.	100 000	ITY () 113 CIT OR TOWN		13. STREET ADDRESS	Evergeon	Ave
3Comine	14. E/	THER'S NAME FIRST UNK NO	MIDDLE LAST	15. MOTHER'S MAIDEN	Unknow		Mb wi
the medicol		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECUR WAR OR DATES] 234 09		ADDRE Harbert 100		a Ave
ry, ar other traumotic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DI		m · c heart o	DITION GIVEN IN PART 1	1(0)
ows ony injury.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH C	PERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
Hem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.		URRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 21	
irked or 1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f. LOCATION STREET	CITY OR TOV	vn county	S
IT: If hem 21 is mo		saw the deceased alive on	tol) ottended the deceosed from— 19 Howk M	, 19 , ond that in (my) (aur) opini DEGREE ATTENDING PHYSICIAN	S_MEDICAL_ STAI	ote and hour and from th	
IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE O	Flowers.	1085 Lit	the Parturent	Phany Col	un be
3	23 a	BURIAL, CREMATION, REMOVAL SPECIFYI Burial	236 DATE 236 N. Feb 28,1982	AME OF CEMETERY OR CREMATOR Enterprise Cem	CITY OR TOWN	rise W. Va	51
777		uneral director arry H Witzke	112 Columbiand E		FR 26 1982	CANCED TO SEE	Phil

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SAN LULINGUE BROOT JUNGS	89AU . W. A. 2780 Q.	456	
		N. Shirt S. Harris	
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15	FOR #1,15&17 F FOR - STATE REGISTRAR		TO STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	04061
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
o th		rian M.	McCracken	Feb 16, 1982	9:00A
3.	/#/// Female	4. RACE White	5. DATE OF BIRTH FED 16, DAY 922 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. RS
16	BIRTHPLACE (STATE OR FOREIGN Penna	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COL	JNTY OF DEATH
00	CITY OR TOWN OF DEATH	11915 Hall's	Shop Road	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR
Mai	a. STATE 136 COUR Tyland Howa:	NTY 13c. CITY OR TO	RE ADMISSION) WN 13d INSIDE CITY LIMITS? YES \(\text{NO } \text{NO } \text	13e. STREET ADDRESS	s Shop Road
图0		McLaughlin LAST	15 MOTHER'S MAIDEN N. Aftberta		LAST
9 9 1	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? (E WAR OR DATES) 166 SOCIAL SEC. 215 16		cracken 11915	20707 Hall's Shop Rd
nit. Then piedse remove or rior to buriol, cremation, ny injury, or other troumd	Canditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT OF THE DATE OF OPERATION		titic brail o	MINAL DISEASE OR CONDITION	G yrus
8 shows any injur	710. ACCIDENT WAS UNDERLYING			YES NO	ERTIFYING CAUSES OF DEATH? YES NO NO
Fem J		P.M.	19	RRED (FINTER NATURE OF INJURY IN ITEA	M 18, PART I OR PART 2)
orked or	AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
Actoched for Use	sow the deceased office on obove (D(we) (did (did no 22b. SIGNATURE	Princel 40	DEGREE ATTENDING PHYSICIAN		22c. DATE SIGNED
should be determined with the Stote	DOLORES M	PURNELL MD	22e ADDRESS COLUMBIA	PROF. BLUG.	COLUMBIA MO
230	BURIAL, CREMATION, REMOVAL	²³⁶ DATE ²³⁶ FEb 18, 1982	St Louis	23d. LOCATION Clarksville	, Howard, Marylan
	FUNERAL DIRECTOR HArry H Witzke 4:	ll2 Columbia Ta	Ellicott City CC	TE REC'D. BY REGISTRAR 25 RE	GIST ANS SIGNATURE

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	Lowerte Compa		. A. I. U	andel .
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Name of	Grackon 1191, rell's	on in sale of the	21 16	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 4 0 0 2 CERTIFICATE OF DEATH REG. NO.

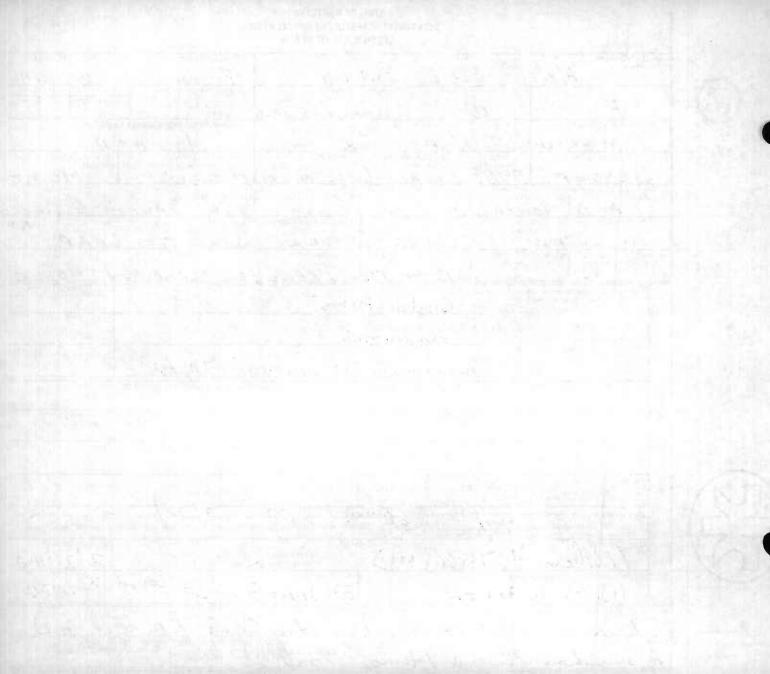
	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO)		
	1. DECEASED NAME FIRST	WIDDLE	L	AST		MONTH DAY	YEAR	26 HOUR
	Boris		Milet	ic	FEb.	20 19	82	430 AM
	3 SEX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT		NDER 1 YEAR	IF UNDER 24 HRS
	male	White	Ju	ly 14 1907	74	YRS	HS DAYS	HOURS MIN.
-	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN		X	9. BALTIMORE CITY OF		DEATH	
1	Yugoslavia	U.S.A.	WIDOWE		Howard	County		MD.
0	O CITY OR TOWN OF DEATH Columbia	11. NAME OF HOSPITAL, NU 615 NOT IN SUCH FACILITY, GIVE:	URSING HOME O STREET ADDRESS) d Garth	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		26. KIND OF NOUSTRY	F BUSINESS OR
1	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 136 COUN Maryland How	TY 13c CITY OR	BEFORE ADMISSION) TOWN bia	13d INSIDE CITY LIMITS? YES NO A	6220 Forel	and Gar	th	
0	14 FATHER'S NAME FIRST IVan	Miletic Miletic	Т	15. MOTHER'S MAIDEN NA	ME		Lomas	
	160 WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	THE OR DESCRIPTION	SECURITY NO. 6 2913	17 INFORMANT Paula Miletic	6220 C APor Columbia,			45
	Canditions, if any, which gave rise to immediate couse (a), stofing the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS (b) A C WHE DUE TO, OR AS A CONS (c) C W W M QNDITIONS CONTRIBUTING	SEQUENCE OF asthum SEQUENCE OF IL ANTHU	atii alfack	M efizilusy	ITION GIVEN I	4	v 5
2	190 DATE OF OPERATION V. 9. 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WI	HICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
1	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	7	COUNTY	STATE
	220. I certify that (1) this hospite saw the deceased alive of obove, (1) (we) Adid Adid not		000	d that in (my) (aur) apinion of	deoth accurred an the dot	e and haur one	from the c	ouses stated
	276-SIGNATURE		M	PHYSICIAN [MEDICAL STAFF	: AN 🗌	2/23 Z/23	IGNED Z
	STEPHENSON			- 5101 Lau	vier Ave.,	Balto.	Na.	21215
	230 BURIAL, CREMATION, REMOVAL (SPECIFY)			METERY OR CREMATORY	23d LOCATION	co	UNTY	STATE
	cremate	2-22-82	Westview	Mem. Park	Catonsvill	e, Balti	more,	Maryland

DHMH - 16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTOR
SLACK Funeral Home, Ellicott City, Maryland 21043

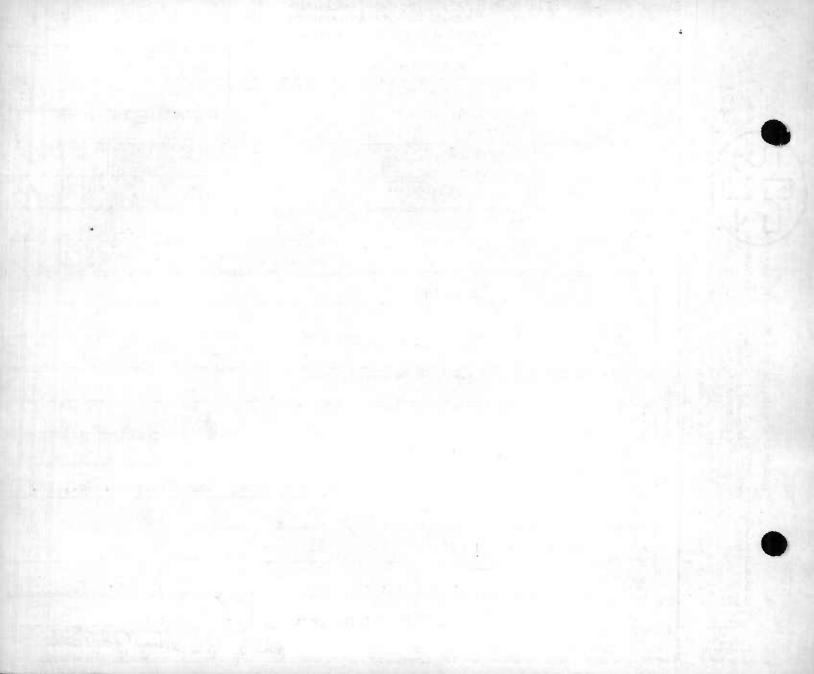
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		REGISTRAR		M		EXAMIN	IER'S C	CERTIFIC	ATE OF			REG. NO				
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REET	3. SEX	(1	Willi.	5. DATE OF BIRT		Pounc	ARS IF UN	(Pauncy	F UNDER 24		DEATH M	ATED	J 2	28 H DAY	19 82 YEAR	24 HOUI
	ma	1e	black	2 1	3 77		AY) MONT				DEAD	D	2	28	1982	6:3
12	FO	RTHPLACE (ST.		76. CITIZEN OF		NTRY?	8 MARR WIDOW	IED NEVE	ER MARRIED DIVORCED		HOW	_	Cou		DEATH	AM
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1	{YI	es, no, or unknov N/A		MED FORCES? WAR OR DATES)	N/		Y NO.	Dubis:		/H 1	Li' 851 M	ersh	Rocall	k, A St.	rk.	
		Candition gave rist cause (a) lying caus	s, if any, which to immediate stating the <u>under-</u> e last.	TE CAUSE (a) DUE TO, (b)	DR AS A COM	NSEOUENCE (OF	E OR CONDITION 6	GIVEN IN PART I	1 a.						
AL, CREW	ICATION	190 DATE OF				WHICH OPER						1		20 /	AUTOPSY?	
3	MEDICAL CERTIFICATION	210 EXTERNAL UNDERLYING		216. TIME HOUR A DEATH 4: 30	OF INJURY	284 , 482	?	ow injury c				'IN ITEM 181	PART 1 OR		YES X	NO 🗌
	MEDIC	21d INJURY O		21e PLAC	E OF INJURY	(AT HOME.		cation 95 Ced	ar Lar	ne	colum	bia	Hov	ounty Co	o., M	d. STATE
4		death resulte	d from:	ge of the remains of accuses \Box ,	Accident	, su	ncideM	, Hamicid	Inspection [de K ECIFY) I Stant	Undeterm	Inquiry	er .	DAT SIGI	E 2	/28/8	32
BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	73a RI	EXAMINER'S N (TYPE OR PRIN	NAME IT) ION, REMOVAL 2	Hormez		ard, M.		ADDRESS		Penn 236 LOCA	Stree	et,Ba	alto	.,MD	2120	1
	(5	Burial		3/11/82		Little				Lit	tle R	lock,	Ar	YTAUC	51	ATE
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ge 3 leoth			REGISTRAR CEASED NAME NOTE OR PRINT!	pert Walter BERT RAD		Radmer	REG. NO.	7 82 7120.
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n by the	8]	Co	TY OR TOWN OF DEATH SCUMBIA ALRESIDENCE (IF NURS)	(IF NOT IN SUCH FACILITY; G	CUNTY G	OR OTHER INSTITUTION Y BNERAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Sales Rep.	126 KIND OF BUSINESS OF INDUSTRY industry
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not the death certified by the attending place combang seremote corbang cemption, or rem			PART I. DEATH WAS CA J J IMME! Canditians, if any, which gave rise to immediate couse 101, stoling the underlying cause last	DUE TO, OR AS A CO			ins AlleT	2.6.80.
requires the signed by Then plea		NOI	RESUIK	NT CONDITIONS CONTRIBUTIONS TO RY BR	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	IVEN IN PART 1 0 ·
The low requires the circion. te has been signed sitt permit. Then plea	1	ERTIFICATION	RESUIK.	ATORY DR.	REST	DN WAS PERFORMED	20a AUTOPSY? 20b IF YE IN CERTI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES NO
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OR ATTENDING PHYSICIAN: The low requires the hospital or attending physicion. DIRECTOR: After this certificate has been signed befor use as the burial-transit permit. Then plee Dept. of Health and Mental Hygiene prior to burial them. 21 is marked as the 10 thems.	39	MEDICAL	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM 21d IN JURY OCCURRED WHILE NOT WHILE 2 22a.1 certify that (1) (this h sow the deceased office	19b CONDITION FOR 19b CONDITION FOR 19b CONDITION FOR 19b CONDITION FOR 21b TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY ospital) offended the deceased	WHICH OPERATION ITH DAY YEAR 19 OFFICE FARM, ETC.)	216 HOW INJURY OCCUR 211 LOCATION STREET and that in (my) (aur) opinion DEGREE	200 AUTOPSY? 200 IF YE IN CERTIN YES NOT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES NO PART 1 OR PART 2) COUNTY STATE
ATTENDING PHYSICIAN: The low requires the operation or ottending physicion. ECTOR: After this certificate has been signed of for use as the burial-transit permit. Then pleat it, of Health and Mental Hygiene prior to burial man.	9	MEDICAL	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF ETHER, NOTHEY MEDICAL EXAN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this h sow the deceased alive above, (1) (we) (did) (di above, (1) (we) (did) (di	196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY cospital) ottended the deceased	WHICH OPERATION WHICH OPERATION ITH DAY YEAR 19 OFFICE FARM. ETC.) If from 19 L. O.	214 LOCATION STREET 19 22 nd that in (my) (aur) opinion	200 AUTOPSY? 200 IF YE IN CERTIN CERTIN CERTIN YES NO YES	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES NO PART 1 OR PART 2) COUNTY STATE 19 1 that (1) (we) lo

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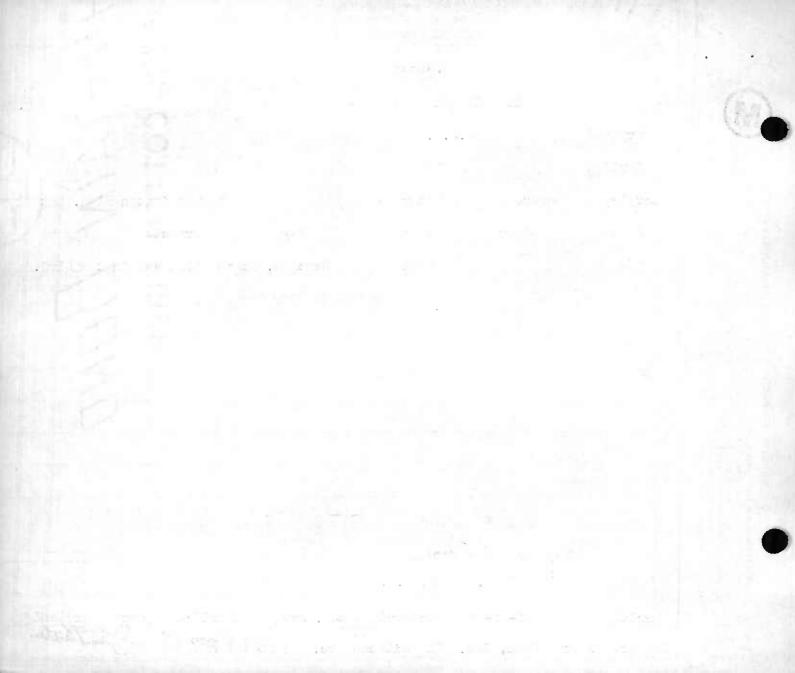
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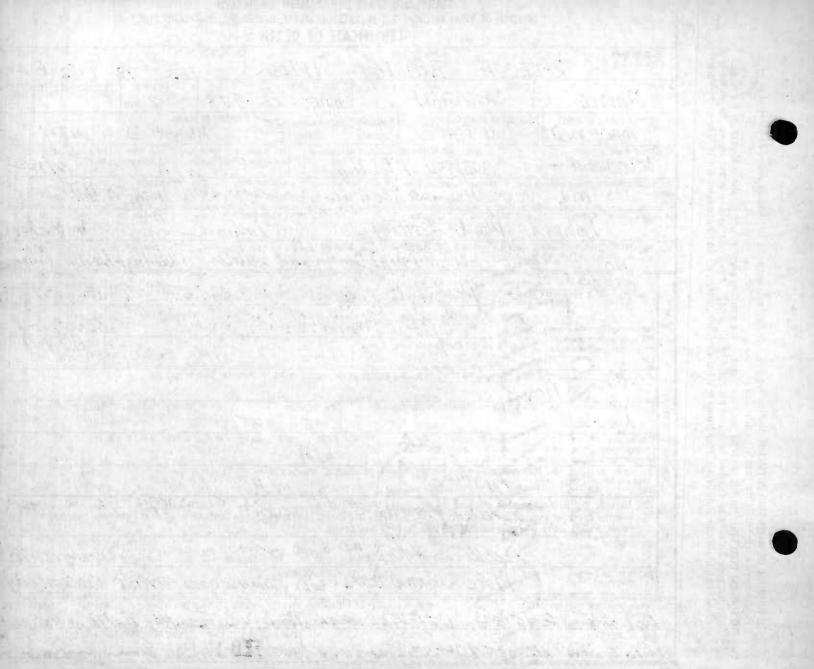
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	4. RACE	5. DATE OF B	IRTH DAY YEAR						DATE	HTHOM	DAY YEAR
	White	10	12 81		s. 4			- 1	DEAD	_ 2	9 19 82
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THER'S NAME		MIDDLE		EAST		15 MOTHER'S	SMAIDEN				LAST
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AS DECEASED		RMED FORCES?			NO.						
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18. CAUSE OF	F DEATH (Enter o	anly ane cause pe				3411100		2.100	1131 110		APPROXIMATE
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798	IMMEDI					a uli Dy	700000	ile	1000		1
Canditian	is, if any, which		, OK AS A CO	NOEGO ENCE O	Tal.			1			-
gave ris	e to immediat	re (b)_									
		r- DUE TO	O, OR AS A CO	NSEQUENCE O	F						
Jung Coo.	30 1031.	(c)_									
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		101.00	NIDITION FOR	WHICH OPERA	TION WA	S PERFORME	D?				20 AUTOPSY?
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					71, HO	W IN II IBY O	CCUPPED	LENTED MATINE	OF BUILDY BUILDY	0 0 4 0 7 1 0 0 0 0 0	YES XX
210 EXTERNA	L CAUSE WAS	21b. TIA HOUR	AË ÖF INJURY R A.M. MONTH	H DAY YEAR	21c. HO	W INJURY O	CCURRED	ENTER NATURE	OF INJURY IN ITEM 1	8 PART 1 OR PA	YES XX
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TOTHE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITA RECORDS 2011 ABALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	Conditions, if gove rise to couse (o) stotin lying couse lost	ony, which immediate g the under	CAUSE (o) PU DUE TO, OR (b) DUE TO, OR (c)	as a conse as a conse	QUENCE OF					hromb	osis				
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		MARYLAND STATE DEPARTMENT OF HEALTH	
10		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2(201 4	1004
-19		CERTIFICATE OF DEATH	
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J. Par		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED HOWARD	COUNTY Md.
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implete ve carb	13a. adm	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 1.3c CITY OR TOWN 4 13d INSIDE CITY UMISS 13e STREET AND NUMBER	Tor Hill
physician and camen please remove oval, and in any ev	14. 1	FATHER'S NAME Donald Middle Sittler IS. MOTHER'S MAIDEN NAME First Middle Virginia.	he hichael
hysician n pleas	16a. Y	N. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or ynknown) (If yes give wor or doles of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT 219-74-3127 Domaid Cauf Sittler 5448 High	Tor Hill Colombia
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D HOSPITAL OR ATTENI Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the		DEGREE PHYS. DIRECTOR DIRECTOR PHYS. DIFF.	DATE SIGNED 13, 1982
O HOSPITAL Page 4 may O FUNERAL I director, pag		22d. PHYSICIAN'S NAME (Type) JOEL RICHAMO KATZ 22e. ADDRESS 3021 FAWNWOOD DRIVE	ELLIWIT CITY
TO HOSPI Page 4 n TO FUNER director, should b	23a.	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) PENDVAL (Specific 2-15-82 WESTVIEW PIRES, PARL CATENSYILLE, BA	(County) (State)
VR A15 [4] 30M REV. 1/68		FUNERAL DIRECTOR ADDRESS 2SO. REC'D BY REGISTRAR 2Sb. REGISTRAR'S PATE PA	SIGNATURE



3	11-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0 4 5 7 0 REG. NO.
	1. DE	CEASED NAME FIRST Paul	MIGDLE LAST Zo. DATE KNO	OWN MONTH DAY YEAR 25. HOUR
		Male White	5. DATE OF BIRTH MONTH DAY RONTH DAY RONTH BAY RONTH BAY RONTH BAY RONTHS DAYS HOURS MIN. PRONOUNCE DEAD	2-5 1982 8A.M
- 10 Marie 1999	N	RTHPLACE (STATE OR REIGN COUNTRY)	U.S.A. WIDOWED DIVORCED HOW	ecity or county of DEATH our Town ty MD
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AGE EXEC	İ	urial I	beb 8, 1982 Crestlawn 236. NAME OF CEMETERY OR CREMATORY CITY OR TOWN	Howard, Maryland
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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FOR - STATE CERTIFICATE OF DEATH REGISTRAR

I. DECEASED NAME 2s. DATE OF DEATH LITYPE OR PRINTS 0 HOMASON * FLEIIA 3 SEX DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) F-EmalE 69 / STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED DIVORCED HOUSELVI 13e. STREET ADDRESS HOWAND KILICATI City 8640 Rida R'S NAME 15. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 12393 UPhua SPRING R. 16h SOCIAL SECURITY NO LIF YES, GIVE WAR OR DATES! EURlyn E. CATHERS BOITO, Md 21227 18 CAUSE OF DEATH . Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Carpine 07-120 f IMMEDIATE CAUSE (Q) DUE TO, OR AS A CONSEQUENCE OF Aceste myocondist Infriction Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. Acute C. V.A. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d_INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION

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22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL 23b DATE

23c NAME OF CEMETERY OR CREMATORY

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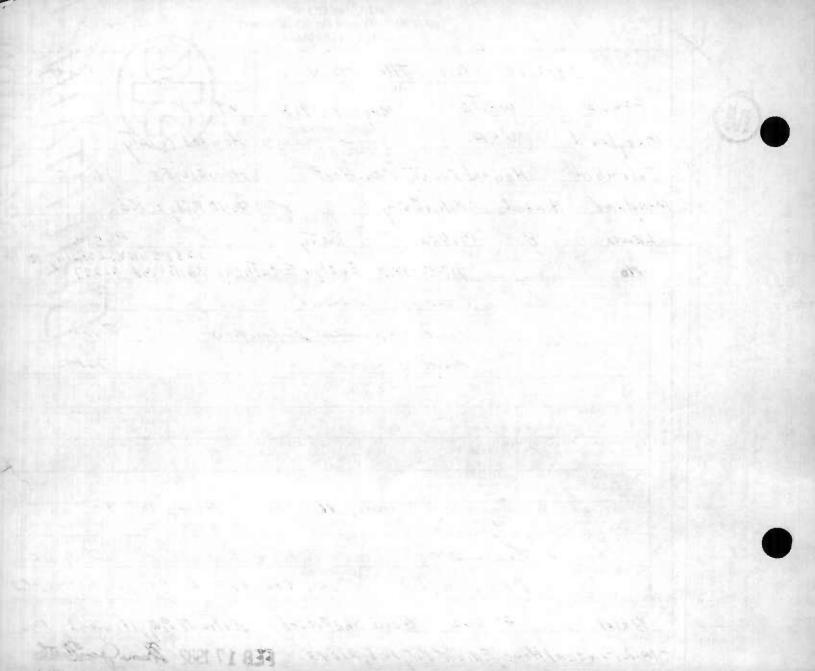
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SIACK FUNERAL HOME Ellicit City Mil 21043

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on execut on ond co or Poges 1	1	16a. V	VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	215-09-1		M. INFORMANT James Warfi	James	SA M	arfield	
requires that the death certificate in signed by the attending physici. Then please remove carbon paper is to buriol, cremation, or removal. injury, or other traumatic event, th	W	NOI	Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	TE CAUSE (0) DUE TO, C DUE TO, C	OR AS A CONSEQUE	nter ince of	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITI	ON GIVEN IN PART 1	0)
The law reicion. reicion. richos beer sit permit. giene prior	9	CERTIFICATION	190 DATE OF OPERATION	195. COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTO	PSY? 20	Ib. IF YES, WERE FINDII I CERTIFYING CAUSES YES [NGS USED OF DEATH?
HYSICIAN: nding phys nding phys his certifico burial-tror f Mentol Hy	7	MEDICAL CER	210, ACCIOENT WAS UNDERLYING ON CONTRIBUYAGE AUGE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURAED WHILE NO WHICH IN WHICH I	HOUR A P. 21e. PLACE	OF INJURY .M. MONTH D, .M. OF INJURY REET, FACTORY, OFFICE, F	19	21f. HOW INJURY OCCURE 21f. LOCATION STREET		JRE OF INJURY IN	ITEM 18, PART 1 OR PART 2)	STATE
TTENDI pitol or TOR: A for use of Heol			22a. I certify that (1) (this hasp saw the deceased alive an abave, (1) (we) (did) (did no	2/2/	10		d that in (my) (aur) apinion of	, to	on the date of		
0 0 0 0 0 0	1		226. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE O	lacy.	7		ATTENDING PHYSICIAN 222. ADDRESS	MEDICAL DIRECTOR [STAFF PHYSICIAN	22c. DATE	SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detoo with the State Impropries Impropries Information Informatio	1			MARC			Marth	e Pax	unit	Parking	elsonby
BP		(!	URIAL, CREMATION, REMOVAL Burial	23b. DATE 2/24/	/-		awn Cemeter		otts	ville	ANG-TA
DHMH - 16 50M 1/76 (VR A 15 (4))			NERAL DIRECTOR Witz 555 Twin Kno	ke P.A			250. DATI	FFB 2	2 1982	RECORARGO	GRE THOUSE

Autor Color Lount Co.